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PTO/SB/61 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

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Application Number	10/602,281
Filing Date	06/24/2003
First Named Inventor	William I. Young
Title	Oil Digesting ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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Practitioner(s) named below:

Name	Registration Number
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Meera P. Narasimhan	40,252

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<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray			
Address	1493 Chair Bridge Road			
Address	Suite 300			
City	McLean	State	VA	Zip 22101
Country	U.S.			
Telephone	(703) 442-4800	Fax	(703) 448-7397	

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	WILLIAM I. YOUNG
Signature	
Date	2/9/04

NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of forms are submitted.

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

William I. Young

COMPLETE IF KNOWN

Application Number

10 / 602,281

Filing Date

06/24/2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Oil Digesting Microbe-Plastic Foam

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/390,933	06/24/2002	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 		OR <input type="checkbox"/> Correspondence address below	
<p>Name William I. Young</p> <p>Address 75 SEDGEWICK DR.</p> <p>City No. Scituate State MA. ZIP 02066</p> <p>Country U.S.A. Telephone 781 545 4947 Fax 781 545 1835</p>			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<p>Given Name (first and middle (if any)) William I.</p> <p>Family Name or Surname Young</p>			
<p>Inventor's Signature William I. Young</p>		Date 3/8/04	
Residence: City No. Scituate	State MA.	Country U.S. P.	Citizenship U.S
<p>Mailing Address 75 Sedgewick DR.</p>			
City No. Scituate	State MA.	ZIP 02066	Country U.S
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<p>Given Name (first and middle (if any)) John Kingsley</p> <p>Family Name or Surname FOSTER</p>			
<p>Inventor's Signature John K. Foster</p>		Date 3/9/04	
Residence: City Harrington	State MA	Country U.S	Citizenship U.S
<p>Mailing Address 36 Spinaker Ln #10</p>			
City Harrington	State MA	ZIP 02646	Country U.S
<p><input type="checkbox"/> Additional inventors or a legal representative are being named on the Supplemental sheet(s) PTC/88/03a or 021A attached hereto</p>			